

continue to work toward its adoption. Thank you. We will now hear from Ms. Calabria on behalf of the United Nations High Commissioner for Refugees.

INTRODUCTION OF THE IMMIGRANT HEALTH AND SAFETY ACT

HON. JERROLD NADLER

OF NEW YORK

IN THE HOUSE OF REPRESENTATIVES

Wednesday, September 20, 2000

Mr. NADLER. Mr. Speaker, today I am introducing the Immigrant Health and Safety Act. I hope my Colleagues will join me in supporting this legislation designed to correct a very serious consequence of major immigration reform legislation that was passed into law in 1996.

Prior to 1996, relief from deportation was possible for long-term immigrants of good moral character who had community ties in the U.S., if deportation would prove a cruel hardship for themselves or their families. No more than 4,000 such grants are permitted each year—and only to long-term, non-criminal immigrants with family and community ties in the U.S.

In 1996, Congress severely limited this kind of relief. Even a cruel hardship to an individual—such as an extreme medical condition—cannot prevent that individual's deportation. Now only a showing that someone's deportation will result in extreme and unusual hardship to his/her immediate relative who is a legal permanent resident or U.S. citizen can prevent deportation.

In other words, current law permits removal of long-term immigrants even if it would mean extreme medical hardship, disability, or even death. Immigrants who suffer from eminently treatable conditions in the United States could be subjected to suffering or perhaps death if forced to leave. They are also forced to leave their loved ones behind and sever ties with communities they have been a part of for years.

Historically, humanitarianism and family unity have been principal policies underpinning U.S. immigration law. For a small group of immigrants, current law threatens individual lives, community integrity, and the well being of immigrant families. Our bill would allow the Attorney General discretion to cancel their removal from the U.S. if she determined their cases had merit. The bill would not increase the number of grants of relief available each year beyond the 4,000 already permitted in current law, but would remove an undue burden of the 1996 law on a small group of immigrants who have lived in the U.S. for many years.

Again, I urge my colleagues to support this legislation and pass it as swiftly as possible.

HOME HEALTH OCCUPATIONAL THERAPY SHOULD BE COVERED BY MEDICARE

HON. ROBERT E. ANDREWS

OF NEW JERSEY

IN THE HOUSE OF REPRESENTATIVES

Wednesday, September 20, 2000

Mr. ANDREWS. Mr. Speaker, I rise today to ask my colleagues to co-sponsor an important

bill related to the Medicare Home Health benefit. I recently introduced H.R. 4874, the Medicare Occupational Therapy Coverage Eligibility Act of 2000. This bill would amend title XVIII of the Social Security Act to provide for eligibility for coverage of home health services under the Medicare Program on the basis of a need for occupational therapy.

Occupational therapy is regarded as a full rehabilitation benefit under Medicare in every post-acute benefit except home health. This is a historical problem that should have been corrected when occupational therapy was included as a free-standing benefit in 1987. This correction is long overdue. It will provide beneficiaries immediate access to occupational therapy—a service targeted toward increasing self-sufficiency and function in the home—if they need it as part of their home health care plan. Physicians will be able to prescribe occupational therapy immediately without the requirement that nursing or another service be provided first. Additionally, home health agencies will have more flexibility in designing care plans based on clinical appropriateness and not on an outmoded Medicare requirement.

Occupational therapy is focused on helping individuals become more independent. That is why I believe that the inclusion of occupational therapy coverage by Medicare in the home health benefit will actually decrease the dependence of individuals on home health services. This bill will help seniors to lead better, more independent lives. I urge my colleagues to support putting occupational therapy on an equal footing as a rehabilitation benefit in home health, just as it is in rehabilitation hospitals and skilled nursing facilities.